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CONFIRMATION NO. 2670

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10766,016   | <b>FILING OR 371(c) DATE</b><br>01/29/2004<br><b>RULE</b>   | <b>CLASS</b><br>435               | <b>GROUP ART UNIT</b><br>1651   | <b>ATTORNEY DOCKET NO.</b><br>016800-626 |                                |
| <b>APPLICANTS</b><br>Melanie Chopart, Paris, FRANCE;<br>Isabelle Castiel, Nice, FRANCE;<br>Jean-Thierry Simonnet, Cachan, FRANCE;<br><b>** CONTINUING DATA *****</b> <i>YES W</i><br>This appln claims benefit of 60/477,049 06/10/2003 and claims benefit of 60/477,053 06/10/2003<br><b>** FOREIGN APPLICATIONS *****</b> <i>YES W</i><br>FRANCE 03/01058 01/30/2003<br>FRANCE 03/01059 01/30/2003<br><i>09/02/06</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/12/2004</b> |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <i>09/02/06</i><br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>Deborah L. Smith</i><br>Examiner's Signature Initials  |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>47                | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>21839   |   |                                   |   |  |                                |
| <b>TITLE</b><br>Reconstructed epidermis/skin equivalent comprising a ceramide 7 and /or 5.5 and lipid lamellar vesicular compositions comprising ceramide 7 and/or 5.5 compounds  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1644  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |